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BIBDATASHEET

CONFIRMATION NO. 5391

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FILING DATE

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APPLICANTS						•		
Dilip Wagle, New	York,	NY;						
Martin Gall, Morri Stanley C. Bell, N	istown Iarber	, NJ; th, PA;Edmond J. LaVo	ie, Prince	eton Junction,	NJ;			
** CONTINUING This appln claims and claims benef ** FOREIGN APF	s bene fit of 60	fit of 60/259,429 12/29/ 0/296,317 06/06/2001	2000 WW					
IF REQUIRED, F	OREIG	GN FILING LICENSE G			ENTITY	**		
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no met Allowance Allowance Verified and Acknowledged Examiner's Signature Initials				STATE OR	SH	HEETS	TOTAL	INDEPENDENT
				COUNTRY NY	DR	DRAWING 0		CLAIMS 1
ADDRESS 30623 MINTZ, LEVIN, C AND POPEO, P.O ONE FINANCIAL BOSTON, MA 02111	C.	FERRIS, GLOVSKY TER						
TITLE Method for treatir	ng glau	ucoma IIIB						
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FILING FEE FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT RECEIVED No for following:						1.17 Fees (Processing Ext. of time)		
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